

**ARKANSAS BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**
P.O. Box 3750
Little Rock, Arkansas 72203
www.state.ar.us/pels/
(501) 682-2824
Fax (501) 682-2827

INSTRUCTIONS FOR COMPLETING ENGINEER INTERN APPLICATION

All applications will be returned immediately if these instructions are not followed exactly.

1. You must have an ABET (EAC) Degree or Equivalent.
2. Application must be typed.
3. Enclose one recent photograph of yourself.
4. Ask your (3) references to complete the reference forms using a typewriter or use a ball-point pen or you can e-mail them the forms after completing the top portion (typing your name). Two must be licensed professional engineers who are familiar with your work (not relatives and not members of this Board).
5. Complete the experience sheets fully – the Board is not familiar with your work, so your experience must be judged and evaluated on the information you furnish. Experience information must be detailed and complete.
6. FEES:
Make check payable to: PE & PLS Fund.
Application for Registration: \$50.00 (This fee must accompany the application)
Exam Fee: \$65.00 Examination fees may be submitted after you have been accepted into the examination. You will have 15 days to forward the fees to the Board.
All payments are non-refundable.
7. It is the responsibility of the applicant to forward all references and verification forms to the appropriate parties. As soon as you are approved to take the exam, you will be notified.
8. Examinations are given in APRIL and OCTOBER:
Applications to be considered for the APRIL exam must be in the Board's Office complete by FEBRUARY 1st. (This includes all three (3) references).
Applications to be considered for the OCTOBER Exam must be in the Board's Office complete by AUGUST 1st. (This includes all three (3) references).
9. Street address is 410 West Third St. Ste. 110, Little Rock, AR 72201. Please give the delivery company our phone # 501-682-2824 in case of a new driver.

IMPORTANT: If any information or reference sheets are received in this office after the deadline, they will be placed in your file and retained until the next testing date.

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**APPLICATION FOR REGISTRATION
AS AN ENGINEER INTERN**

GENERAL INFORMATION

Name in full _____ Date: _____, 20____

If you have ever used another name list it here _____

Social Security # _____ Telephone (H) _____ (Fax) _____

Telephone (O) _____ Ext. _____

Employer _____

Preferred Mailing Address _____

Present Position _____

Place of Birth _____

Date of Birth _____ Age _____

Are you a U.S. citizen? _____ If not, where? _____

Have you taken the Fundamentals of Engineering (FE) exam previously? Yes ☐ No ☐ Where? _____ When? _____

Date Received Application: _____

Check: _____

File Complete on: _____

__ Approve for Exam

__ Interview _____ Discuss

__ Reject

Please tape sides down

**Attach Recent Photograph
With Face Not Less
Than 3/4" Wide**

Photo taken on _____

EDUCATION

Graduated from _____ High School on _____, 0____.

COLLEGE EDUCATION

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			DATE	DEGREE	
NAME	LOCATION	FROM	TO	YEARS	MAJOR	GRADUATED	RECEIVED
_____	_____	_____			_____	_____	_____
_____	_____	_____			_____	_____	_____
_____	_____	_____			_____	_____	_____
_____	_____	_____			_____	_____	_____

REFERENCES

Give the names of 3 references, **not relatives and not members of this Board**. Two must be licensed professional engineers who are familiar with your work.

Name, Title	Mailing Address—Street and Number	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS (Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct and that a violation of any of the above could be the basis for revocation of my license.

Signature of Applicant

AFFIDAVIT

(To be attested before a Notary Public or other officer authorized to administer oaths)

State of _____

County of _____

On the day of _____, 20____, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came _____

a resident of _____, County and State of _____, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant _____

Subscribed and sworn to before me, this _____ day of _____, 20____

(Notary Public)

ENDORSEMENT

I, _____, _____
(Name) (Title or Position)

of the _____ herby certify that I have examined the foregoing record which to the best
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as an Engineer Intern.

EMPLOYER OR SUPERVISOR



**ARKANSAS
STATE BOARD OF REGISTRATION
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750
LITTLE ROCK, ARKANSAS 72203**

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Phone (501) 682-2824
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Office of Registrar (College Name)

Applicant's Name: S.S. #: Phone
Birthdate:

Dear Sir or Madam:

The above named individual has filed, with this Board, an application for registration as a professional engineer under the provisions of Act 214 of the 1953 General Assembly of the State of Arkansas. In regard to his/her education, he/she states as follows:

List Degrees and Date Received:

Registrar Completes: place college seal here

Correct:_____

Incorrect:_____

Registrar's name_____

Phone number_____

Date:_____

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS
AND LAND SURVEYORS**

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203.

**Arkansas Board of Registration for
Professional Engineers and Land Surveyors**
P.O. Box 3750
Little Rock, AR 72203

Engineer Intern Reference Form

Applicant's Name

Note: The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward directly to the Board with the understanding that it will be held in strict confidence.

(Please use black typewriter ribbon or a dark ball-point pen)

PERTAINING TO APPLICANT

1. I have known the applicant for _____ years.
2. I (am) (am not) related. Relationship _____
3. Applicant is employed by _____
4. Applicant's general reputation and character are _____
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) _____

7. Would you employ applicant on a project where his/her decisions would be final? Yes ____ No ____
If no, why? _____
8. The following is my evaluation of the applicant's ability as an engineer _____

PERTAINING TO REFERENCE

My business of profession is _____

I am a registered professional engineer in the state of _____ Reg.No. _____

I am associated with _____

Address: _____

(Please Type or Print Your Name)

(Your Signature)

Daytime Phone: () -

Date: _____